

COMMONWEALTH OF MASSACHUSETTS

Commission Against Discrimination  
One Ashburton Place, Room 601  
Boston, MA 02108  
(617) 994-6000  
(617) 994-6024 fax

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Case Name: \_\_\_\_\_  
Docket No: \_\_\_\_\_  
Date: \_\_\_\_\_  
Answers Due by: \_\_\_\_\_

*For Internal Use Only*

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FOR COMPLAINANT:  
QUESTIONNAIRE AND DOCUMENT REQUESTS ON  
**TERMINATION**

1. Please state why you were terminated.

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2. Please tell us about your employment history with your employer:

- a. How long were you employed there?
- b. What was your job title?
- c. Was there a probationary period for your job?
- d. Were you a temporary employee or contract employee?
- e. Were you ever promoted?

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3. Please state your job duties in this position.

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4. Please state if you have ever been subjected to negative treatment by your employer. Please explain your answer and provide copies of any documents you have to support your claim.

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5. Please provide us with the name(s) of the person(s) who were involved with your termination.

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6. Please state if your employer has ever disciplined you or given you verbal or written warnings and provide copies of any documents you have that may support your claim.

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7. Were you performing your job to your employer's satisfaction at the time of your termination? Please provide copies of any documents including performance reviews that may support your statement.

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8. Please provide us with names of co-workers who you feel are similarly situated (i.e.; same job duties) to you, but were not subjected to the same or similar negative treatment that you received.

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9. Please state the reasons given to you by your employer as to why you were terminated.

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10. Please list the names and telephone numbers of any witnesses that the Commission could contact who would verify or support your allegations.

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In addition to the documents already requested, please provide us with the following:

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Signature of Complainant

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Date

***Please mail or fax your answers and supporting documents to:  
Keith Healey / Tania Taveras at:***

***MCAD, One Ashburton Place, Room 601, Boston MA 02108      Fax: (617) 994-6040***